

The Obadiah Jo'el McCarthy Memorial Scholarship Application

Please complete the application in its entirety. Incomplete applications will not be considered for scholarship awards. The DEADLINE for this application to be received is March 1, 2024, no exceptions. NO FAMILY MEMBER OF THE BOARD MEMBERS OF OJM ARE PERMITTED TO APPLY FOR SCHOLARSHIPS WITH OJM MEMORIAL. APPLICANTS WHO ARE RELATED TO MEMBERS OF OJM WILL NOT BE CONSIDERED FOR SCHOLARSHIPS.

- *Purpose:* To provide scholarships to deserving youth that are in need of financial assistance, are actively supporting the community in which they live and show an eagerness to achieve knowledge by intending to pursue post-high school course of study at either an accredited college/university or other accredited post-secondary educational institution.
- 1. DEADLINE for scholarship applications is March 1, 2024, 11:59 p.m. (no exceptions).
- 2. Refer to criteria below for eligibility requirements.

3. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.

- 4. If any question does not apply to you in this application, please put N/A in the space.
- 5. Type or print legibly. Illegible applications will be returned to you.
- 6. You will be notified by mail/email regarding the status of your application.
- 7. If you have any questions about the application, please email ojmmemorial@yahoo.com

8. Scholarship funds will only be awarded to the student's college or university account upon evidence of registration in an accredited post-secondary institution.

Criteria:

- 1. Applicant must be a graduating high school senior who will be enrolling in an accredited college/university or post-secondary institution in the year of the scholarship award.
- Applicant must demonstrate positive-impact involvement in the complete sense – consistent with capacity and circumstances and/or significant improvement/success in scholarship and community involvement, determined through letters of recommendation.
- 3. Applicant must be a U.S. Citizen

Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)



- 2. Three (3) letters of recommendations from choice of high school teachers, administrators, counselors, employers, or individual with significant knowledge of applicant's experience and involvement.
- 3. An official and recent high school transcript with cumulative grade point average.
- 4. Essay Requirement. In your 500 (minimum) word essay, please answer: Why is organ donation important? Also, please give an example and information on a specific type of organ donation (for example, kidney donation, pancreas donation, tissue donation, etc.) What are the donor qualifications for the chosen donation? What is the recovery time for the transplant? What donor blood types can be given to recipients? What are the success rates of the chosen donation type?
- 5. Proof of acceptance to college/university or post-secondary educational institution.
- 6. All documents must be submitted for award consideration, no exceptions.

Please submit the application and supporting documents to:

The Obadiah Jo'el McCarthy Scholarship Fund

P.O. Box 118, Cibolo, TX 78108

Or email documents to ojmmemorial@yahoo.com



The Obadíah Jo'el McCarthy Memoríal Scholarshíp

Scholarship Application

Applicant Information					
Full Name:				Date:	
	Last	First	М.І.		
Address:					
Address.	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
Are you a c	itizen of the United		are you authorized to a	ttend school to YES NO in the U.S.? □ □	
		Educatio	n		
High Schoo	bl:	Address:			
From:	То:	YES Did you graduate? □			
School Attending o Applied for 2024-2025		School Address:			
What is you planned ma specialty, o certification	ajor,				
What are yo educationna and professiona goals and	al				
objectives?					



References

Please list three references that can attest to your character and community involvement:

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Dis	claimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an award amount, I understand that false or misleading information in my application or may result in release of funds.

Signature:

Date: